

McPin Independent Evaluation of MySupportBroker

Summary 2017



Executive summary

This report describes the 2-year evaluation of the MySupportBroker (MSB) independent peer support brokerage model of support planning. The evaluation was conducted mostly through qualitative interviews with a

range of participants including customers, staff from MSB, support brokers and staff from two Local Authority organisations that MSB has worked with, Local Authority A and Local Authority B.

The evaluation had the following aims:

A. To explore how peer brokerage impacts on the wellbeing of MSB customers; B. To assess how effectively the MSB Independent Peer Support Brokerage model had been implemented in the two Local Authority areas and across the associated stakeholder groups.

PART A MSB Customers, Support Brokerage, customer wellbeing, and the value of 'peerness' Our Findings:

1 Customer wellbeing, loneliness and social isolation

Findings from the evaluation suggest that in general, customers are not as isolated as may be assumed. The majority had someone they could talk to or turn to in distress most of the time. This is significant in asset-based brokerage as it indicates that many people are able to draw on their existing networks for support. This is an important tenet of the MSB brokerage

model.

As the wellbeing and loneliness measures reported, 73% of customers reported often or always having people they could turn to. The MSB brokerage model allowed them to maintain and develop these networks and reduce the risk of isolation. Customers were also able to reclaim social and family roles

2 Support Brokerage and its impact on customer wellbeing

The findings of the evaluation were positive about the experience of support planning with MSB peer support brokers:

• The support planning process and resulting support plans were perceived as personalised, bespoke, and asset based, in contrast to previous experiences of traditional care planning

- Resulting support plans were tailored to individual customer needs and interests, and produced an improvement in wellbeing, mostly through enabling customers to have greater control over their support arrangements by directly employing support assistants
- There was evidence of a positive impact on the wellbeing of wider family as a result of good quality support plans
- Customers described support brokers having excellent interpersonal skills, listening carefully to customers, and showing them dignity and respect
- Customers perceived brokers as knowledgeable and willing to do further research on their behalf

3 Lived experience and the peer broker

The majority of customers did not comment on a broker's 'peerness', and three of the seven brokers interviewed did not report having lived experience of disability or service use. It is not clear from our data to what extent lived experience plays a role in the development of the support planning and interpersonal skills listed above.

What is clear from the data is that this 'human to human' interaction was valuable and resulted in support plans that had an impact on customer wellbeing and perceptions of control of their own support. A broker's lived experience was, however, significant in relation to the in-work support they needed.

4 Challenges for the MSB delivery of independent peer support brokerage in Local Authorities

There were some challenges to the MSB model from the perspective of customers:

- Those customers who were already well informed about what they wanted in their support plan found the planning process and planning tools too rigid
- Some customers had not been informed by their Local Authority referrers that an MSB broker would be contacting them, or what the role of MSB brokers was in the support planning process
- Concerns around tax, pensions and insurance for directly employing support assistants can act as a barrier to meeting individuals' needs
- One customer had not had her plan implemented by her Local Authority

PART B Implementation of Independent Peer Support Brokerage in Local Authority settings

Our Findings:

Through using a Normalisation Process Theory analysis we identified a number of points at which the implementation of the independent peer support brokerage in the Local Authority settings appears to have been successful, but also a number of holdups or problems:

Personalisation and 'peerness'

- There was consensus around the importance of implementing personalised support planning and of peer brokerage as an important approach to doing that
- However there were different understandings of what kind of lived experience may qualify someone as a 'peer', and of the role that peer brokers should take

Commitment to peer brokerage (and personalisation)

- At a strategic level in Local Authorities, there was commitment to the implementation of peer brokerage
- Local Authorities reported that provider organisations were resistant to changing the way they were contracted to provide services to a personalised model

Logistical challenges

- There are logistical difficulties around changing the way Local Authority systems work, for example how contracting is done with provider organisations
- Local Authorities had difficulty finding appropriate provider organisations for personalised services, particularly as many day services and activities had been closed through funding cuts

Partnership workings

Both Local Authorities and MSB spoke positively about partnership working at a strategic level however there was evidence of poor partnership working or active resistance at the front-line which may be expressed as:

- Unpredictable, unsuitable or infrequent referrals
- Practitioner concern about broker skills and duplication of work
- Evidence that brokers are subject to bullying, or belittling or abusive behaviour
- Failure to implement plans that brokers felt were good examples of personalisation

Limitation of the broker role to support planning only

Training and support for brokers

- Some brokers suggested that they would like further training, either to update their skills on a yearly basis or to learn about relevant legislation that would impact upon their work as brokers
- Some brokers suggested they would like more in-work support and expressed concern that the job could be isolating

Recommendations: Strengthening the MSB provision of independent support brokerage in Local Authority settings

Further research and development could valuably focus on:

- Improving support for brokers with experience of social exclusion or mental health difficulties
- Creating a supportive environment in which peers develop their skills and confidence in using their lived experience
- Working with Local Authorities to strengthen information sharing around individual clients
- Working with Local Authorities to address issues around respect and recognition of peer brokers, including addressing reports of bullying behaviours and resolving accessibility issues

Richard Currie, peer researcher



Historically, disabled people and those that experience emotional and social distress have been passive participants in social research. Now there is a move towards peer led research, coproduction and disability activist this evaluation is a good example of how working with disabled people on an equal basis and in a collaborative manner can make a real difference to the quality of social research. This is important as we found evidence in the evaluation that empowering and enabling disabled people can have a truly transformative effect on family relationships, self-esteem and an individual's ability to be an active participant in their local community. We adopted a semi-structured approach that gave space to customers to share their experiences of peer brokerage and person-centred support planning. On the whole the customers had a positive experience of the support planning process. It's clear from the research findings that there are high levels of customer satisfaction, and clear evidence of good communication and empathy between brokers and customers, and strong evidence of person centred approaches. Within the research, there is a clear understanding of personalisation and person-centred support planning, and of giving the customers voice and treating people with dignity and respect. One of

the most challenging concepts to define was 'peerness'. The term 'peer' is used throughout the health and social care sector as if there is a universally agreed definition of it. However, our findings suggest there is no clear understanding of what a peer is and what a peer does. It was clear from the research that even brokers with lived experience were unsure of when to disclose and to self-identify as having lived experience when writing a support plan with the customer.

My fellow Peer Researcher, Angela Kinn, and I share the view that whilst there is an ambition to promote and deliver peer brokerage, there is room for continued development, particularly around embedding peer principles and peer working in training and creating an environment whereby brokers feel comfortable in using their lived experience. This would allow Local Authorities to have confidence in the robustness of peer ways of working and also to help give customers clear understanding of what peer brokerage is.

In conducting the evaluation, I am pleased to have found that the disruptive and collaborative ways in which MSB works with customers leads to real and tangible changes to the quality of life for both customers and family members.

Angela Kinn, peer researcher



My main professional background is as a Senior Peer Recovery Trainer within NHS Secondary Mental Health Services and my main responsibility is to embed Peer interventions within a Personal Recovery Approach. The 'quiet recovery revolution' in mental health is often observed as the 'brother or sister' of personalisation.

In so many ways the MSB model is an almost mirror image reflection of what we are trying to achieve in the recovery movement. For example, key to our objectives is not only the embedding of peer workers with direct lived experience, it is changing the staff cultures and structures to ensure that 'human to human' conversations are occurring within equal relationships between people that use the services and people that work in them.

Unfortunately, what characterises much

of mental health services is power driven, hierarchical, over-boundaried and robotic working, with professionals prescribing and service users receiving. It is primarily these sorts of cultures which are preventing recovery in mental health services and preventing people who are in receipt of social care resources leading fuller, happier and more independent lives.

The MySupportBroker model, like the recovery approach, requires an explicit understanding of co-production.

Without this, difficulties can arise in the successful implementation of the approach and ethos. You don't have to call co-production 'co-production'. You can call it transparent, collaborative working between people coming from different backgrounds according to the complex problems you are trying to address.

MSB attracts brokers and other staff who can be:

- peers with direct lived experience who have usually experienced social exclusion
- peers with substantial supporter experience who may also have experienced social exclusion
- people with experience of supporting someone they love which has had a powerful effect on the way they view things
- brokers who will have some lived experience, but who are mostly influenced by their background of working as practitioners in health and social care

The inclusive definition of peer, in which all lived experience is valued equally, is a positive aspect of the MSB model. As part of this, differences also need to be recognised at the workforce level. An explicit co-productive narrative can have

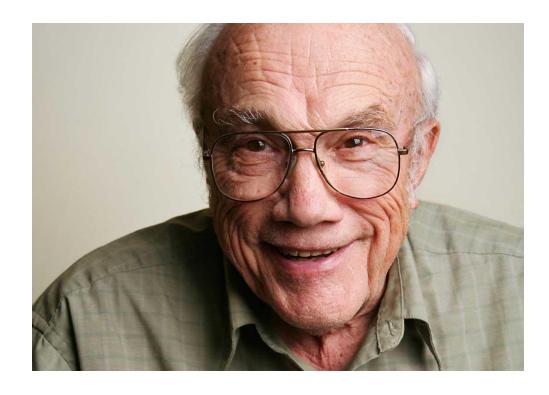
many benefits because it allows people to be honest in terms of where they are coming from and what they need to develop. People from different backgrounds have different in-work support needs and different perspectives. For example, embedding peer working with people who have long term mental health conditions is not at all straightforward; currently the biggest challenge I have professionally is that often people neglect their own recovery as soon as they enter employment. Due primarily to the pressure to be 'normal' (where normal doesn't include managing a long term mental health

condition), relapse and clusters of relapses are very common. On the practitioner side, often the biggest challenge is holding on to negative practices and thinking you have embraced the new approach, when you haven't. Hierarchical ways of doing things have been reinforced in people from a practitioner background for the whole of their working lives so this is not surprising. Lived experience of all kinds needs a much higher value because 'professional', hierarchical public sector ways of working, whether it be in Local Authorities or secondary mental health services, are absolutely not working.

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